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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

RCA 89433

First Named Inventor

Nacerdine Azzi t al.

**COMPLETE IF KNOWN**

Application Number

09/937,275

Filing Date

September 24, 2001

Group Art Unit

N/A

Examiner Name

N/A

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DEFLECTION UNIT FOR SELF-CONVERGING CATHODE RAY TUBES WITH  
REDUCED TRAPEZOID DIFFERENTIAL**

the specification of which

(Title of the invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

03/23/2000

as United States Application Number or PCT International

Application Number

PCT/EP00/02598

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
99/03655	FRANCE	03/24/1999		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 1]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondance address below

<b>Name</b>	JOSEPH S. TRIPOLI		
<b>Address</b>	THOMSON MULTIMEDIA LICENSING INC.		
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<b>Country</b>	<b>Telephone</b>	<b>Fax</b>	
USA	(609) 734 - 9443	(609) 734 - 9700	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor

<b>Given Name</b>	<b>Family Name or Surname</b>
NACERDINE	AZZI

<b>Inventor's Signature</b>	<b>Date</b>
<i>Macardine Azzi</i>	02/11/02

<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
21121 Fontaine les Dijon		FRX	FRENCH

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<b>Mailing Address</b>			
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Fontaine les Dijon		21121	FRANCE

**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

<b>Given Name</b>	<b>Family Name or Surname</b>
OLIVIER	MASSON

<b>Inventor's Signature</b>	<b>Date</b>
<i>Olivier Masson</i>	02/11/02

<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
71290 Culsiry		FRX	FRENCH

**Mailing Address** Simandre

<b>Mailing Address</b>			
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Culsiry		71290	FRANCE

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
SEBASTIEN		VOLATIER	
Inventor's Signature		Date	
VOLATIER Sebastien		02/11/02	
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			FRANCE FRX
Mailing Address		Citizenship	
3 Impasse du Vernors		FRENCH	
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		21110	FRANCE
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		Zip	Country

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